011350-269

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Yoko Fujiwara

Application No.: 09/850,094

Filing Date:

May 8, 2001

Group Art Unit: 2621

Examiner: DANIEL G MARIAM

Confirmation No.: 9577

## AMENDMENT/REPLY TRANSMITTAL LETTER

Title: IMAGE RECOGNITION APPARATUS, METHOD AND PROGRAM PRODUCT

**Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

**RECEIVED** 

Sir:	AUG 3 0 2004						
Enc	losed is a reply for the above-identified patent application.  Technology Center 2600						
X	A Petition for Extension of Time is also enclosed.						
	Terminal Disclaimer(s) and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.						
Also enclosed is/are Figure 11 in amended form.							
	Small entity status is hereby claimed.						
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$385.00 (2801) \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).						
	Applicant(s) previously submitted						
	on, for which continued examination is requested.						
_	·						
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R.						

enclosed.

+

A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also

§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

Attorney Docket No. 011350-269 Application No. 09/850,094

X	No additional claim fee is required.
	An additional claim fee is required, and is calcula

	An additional	claim fee	is required,	and is	calculated	as shown	below.
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		A	MEN	IDE	ED CLAIMS		
	No. Highest No. of Claims of Claims Previously Paid For		Extra Claims	Rate	Additional Fee		
Total Claims	24	MINUS	24	=	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	3	MINUS	3	=	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds m	nultiple depen	dent claim	s, ad	d \$	290.00 (1203)		
Total Claim Amendment Fee						\$ 0.00	
Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee						\$ 0.00	
TOTAL ADDITIONAL	. CLAIM FEE	DUE FOR	R THI	S A	MENDMENT		\$ 0.00

Ш	A check in the amount	of is enclosed for the fee due.
	Charge	to Deposit Account No. 02-4800.
	Charge	to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: August 24, 2004

Registration No. 48,752